

The Hospital as a Medical College.

*Delivered at Am Hospital
Association Meetings at St Louis
Oct 14 1942*

If you are asked to go to China on a week's notice, and limited to two suitcases, then every article you take with you will receive some careful consideration before it can establish its claim as essential baggage. Where we are going at the present time and how much of our customary ideas we can take with us as intellectual baggage are now questions calling for prompt and pointed attention. In such a meeting as this and at such a time, we may well scrutinize our habitual ideas about hospitals with a view to getting down to essentials.

First let us make sure we know what we mean by the word 'knowledge,' if we are later to speak of medical education. Knowledge is of two sorts depending on how you have obtained it. If you have learned it through words (spoken or written), formulae, abstractions or symbols of any kind, then you have obtained the kind of knowledge I am going to call erudition or book-learning. If, on the other hand, you have learned it through experience, through contact with real things and not the names or symbols of real things, then you have what I shall call experience.

The main difference between knowledge of these two types is not the difference between genuine and spurious, better or worse, useless and useful. It is the difference in the way knowledge is obtained. But there are some important secondary differences. Erudition has the great quality of being almost infinite in extent, certainly far beyond the capacity of any one person to experience, of being impersonal but articulate, readily transmissible and easy to accumulate and preserve in books. The knowledge derived from experience, on the other hand, has a peculiar property - it gives its possessor

power, confidence, courage, exultant delight - sensations rarely produced by mere erudition. And another quality of knowledge obtained by experience - it is not easy to transmit in the absence of personal contact and imitation, reflection, or trial and error.

Now every institution in this country will receive careful scrutiny in the next ten years, scrutiny that will question its value. We might well prepare ourselves for those days by knowing quite clearly what hospitals are good for, and, if you can learn anything in hospitals, then what kind of knowledge is to be gleaned in hospitals, and what is that kind of knowledge good for? Is it really valuable to obtain the knowledge that comes from experience with sick human beings, familiarity with the signs and symptoms of disease, and the opportunity to witness the management of an illness by a skillful physician - or are book and lectures and the preclinical laboratories in the schools all we need as the essentials of medical education?

In similar search of simple and reliable mental equipment for use over the next ten years of adventurous change, let us scrutinize this word 'education.' Reduced to simplest terms education is what takes place between two persons, one more learned, skilled or experienced than the other, and willing to teach him who wants to learn. So supple and hardy a definition dispenses with such items as "entrance requirements," "curricula," "credit hours" - all the paraphernalia and hocus pocus of education which we shall cast to the winds anyhow if the time comes to jettison non-essentials.

Can a hospital intern eagerly watching the example of an experienced and friendly chief learn something from that contact? Of course he can. He does - always. Now that brings out precisely the point I want to be sure that you see: Forget erudition and book learning, libraries and lecture halls for a moment; think of the other kind of knowledge that comes from experience,

from familiarity, from trial and error, to the apprentice watching his teacher and then trying himself - for that is the knowledge potentially obtainable in hospitals, and certainly obtainable when a person of larger experience, wisdom and skill is within willing reach of one who wants to learn. Obviously, then, the question is not can a hospital teach, but will it?

Now if you had seen in many different countries first-rate education taking place in the absence of so many things you used to consider essential, then you would begin to regard education in simpler terms. You would realize that it is an event like friendship or teamwork. You cannot describe friendship in terms of a time-table, nor education in credit hours. You don't express the essentials of any human relationship in list and inventories. The kind of education I am talking about is a human relationship in which there is a transmission, a passage from one person to another, sometimes of information, sometimes of method of thought, sometimes of skill, occasionally of standards of conduct and attitudes of mind and heart. These are but some of the exchanges taking place in the relationship of teacher and pupil. You don't have to be a professor to teach, nor pay tuition in order to learn. If reflectively you will list ten relationships in which you have learned much, I would wager that at least three were outside schools and universities. I want to make it clear that a hospital can give education whether or not it is affiliated with a university. Indeed, so favorably placed is any hospital for teaching medicine that if it makes the additional effort to teach and forms a university connection, we can say that the hospital's share in medical education almost equals that of the medical school. We could have doctors without the teaching hospitals but what a sorry profession it would be! If Clio, the

Muse of history, were at my side, she would add, "That is what you had in America for years - medical schools but scarcely a teaching hospital." It is in this, then, that the hospitals sustain and enrich our professional lives: they provide the real, the essential material of medical education and medical service - patients, whom the doctor must learn to study and to care for; and at the same time the teaching hospitals provide that simplest element of an education - contact between persons of different degrees of erudition and experience, but with the same purpose - learning. Of the two essential kinds of clinical knowledge the hospital, and the hospital alone, supplies one - the knowledge derived from experience. And since skill and wisdom distilled from experience can survive only through human intercourse, through example and imitation and use, the hospitals renders a service more valuable than ever when it brings together every range of novice and expert so that through education skill and wisdom can be passed on and thus preserved.

But not all of you represent teaching hospitals connected with medical schools. Indeed, if you did I should not be speaking to the title, "The Hospital as a College," for you would be in the secret as thoroughly as I. As well lecture upon "The Father as a Mother" as discuss "The Hospital as a College." As mother and father are both requisite for parenthood, so hospital and college are both essential to medical education. Most of you, however, do represent hospitals in which teaching could be begun or emphasized by organizing or expanding the interne and resident services, and it is to this possibility and the consequences thereof that I would draw your attention. A well organized internship calls for educational experiences, deliberately fostered. Indeed, my principal thesis is that by so much as you can develop and favor any and every opportunity for teaching in your

hospital you will protect the hospital from disorganization, insure it against neglect, and notably enhance its services to patients and its stability as an institution.

Not all hospitals can affiliate with a medical school, ideal as that connection is for teaching, but nearly all hospitals can improve their arrangements for intern and resident staff in point of number, opportunities, and quality. In urging you to improve the teaching your hospital accomplishes by improving its internships, I should like to mention the more important implications of the internship for all concerned. I use the term internship to include residencies as well as internships, since in most hospitals the distinction is only in the degree of maturity and responsibility - the purpose is to enhance both.

If a system of well selected and well supervised interns and residents is planned and put into effect in a hospital, then either more patients can be examined and treated at the old standard, or the same number of patients can be much more competently examined and cared for. In other words, the hospital's usefulness increases. Furthermore, internships affect the hospital staff for the better. Where the work of the hospital has been organized to teach the interns by gradually increasing their freedom and responsibility, the visiting men, the chiefs of services are stimulated to their best work by the presence, the inquiring minds, the critical audience of their interns. As often trust an officer who wants no men to lead as a doctor who wants no younger men around him learning. Another result from a well organized internship concerns the attitude of the doctor towards his education. Young physicians and surgeons understand the implications of the fact that the internship comes after the M.D. degree; they understand thereby that medicine is an art as well as a science, where training, experience and acquired skill are never

completed, and that one's education continues far beyond what is required for the M.D. degree. Any doctor who has had a well organized internship or residency will ascribe his competence to that training above all others. There is no doubt of the almost phenomenal improvement during the past thirty years in the level of professional competence in the United States. In this improvement the teaching hospitals have had a most important share. But the old type of hospital lags behind and suffers for it.

So valuable to medical education are these contributions of the hospital and so distinctive is the internship that we find other kinds of schools holding up medical education as a model because it has the wonderful advantages of the internship. Schools for training government executives, for example, have created a deliberate imitation - called the 'intern year' or 'in service training.' Teachers' colleges similarly seek the advantages of a kind of internship and engineering schools urge upon their students practical work under some measure of supervision but with real responsibility.

Thus the hospital with an effective teaching service in the form of internships and residencies provides the most distinctive phase of medical education - the type of professional education most envied and most enviable.

If some hospitals already render this remarkable service and if I suggest that more hospitals should do so in their own interest, I should like you to understand clearly just what a teaching hospital contributes, and what it gets in return, from a well organized internship system. The first of the hospital's contributions preserves for the future our present knowledges. The hospital provides patients to be studied and treated and thus the material and the circumstances for transmitting to the next generation the skills and the knowledge we have received from experience. Hospitals set standards for, and teach by example and experience, the next generation of professional men and

all the while insistantly imply that there is always more to learn in medicine. Still more important, the teaching hospital certainly suggests and comes very near to proving that when organized as a teaching community doctors can work together more smoothly than on any other basis - economic, political, or military. It is already a commonplace that the safest place for the patient with a severe illness is a hospital, not an exclusive nursing home or a secretive private sanitarium, but a teaching hospital with alert interns and observant residents discovering the mistakes and discussing the failures - not ignoring them.

In return for better care of the sick, better professional training of the doctors which the teaching hospital gives the community, what are the advantages, the gains to the hospital from an effective internship and residency? They are these: more patients cared for, and cared for better, an improved quality of interns and eventually a better senior staff selected in part from former interns and residents, a senior staff held at concert pitch by the critical abilities and the restless energies of the interns themselves, a finer name and reputation for the hospital on the lips of former interns as well as former patients, and the steady advantages of doctors associating for the sake of improving their knowledge of how to care for people. I ask special attention to this fact: The basis on which members of a profession collaborate often determines the future of that profession. No other basis of association is better for doctors than the basis of education. I've seen many tried - seniority, self-protection, money making, religious piety, the terms of some ancient bequest, military rank - none is as effective as knowledge, competence and character, the traits most honored where learning is the goal of all.

Quite evidently, then, the hospital set upon teaching receives rewards for its contributions. As some brash advertising genius will doubtless one day advise us in a full-page message in some metropolitan daily, "IT PAYS TO WORK FOR THE COMMON GOOD."

Why have we simplified and reiterated the importance of teaching, of systems to bring more experienced men in deliberate and close contact with interns or residents so that education can take place? Why have we reviewed and re-examined the essentials of knowledge, of education, of the rôle of the hospital in medical education, and the essential advantages teaching brings to the hospital which is organized around teaching?

I lived in Europe from 1924 to 1931, visiting every country there except Portugal. I saw a degree of suffering and impoverishment and excessive taxation which prepared me for what we shall have to face in this country, but it could not have prepared you. We shall have to take care of sick people in our hospitals in any event; if taxation crushes the supporters of the voluntary charity hospitals, the care of the sick will be carried out from public taxation. We shall see conditions so unpleasant and dangerous that they cannot be managed by mediocre talent using easygoing methods. We shall have to have the best brains in government in order to have enough government survive. I have medical organization in mind in saying this. Unless the charity hospitals can have something more than the care of the poor as a basis for asking for gifts, how can they expect gifts from an upper and middle class taxed almost out of existence? Unless the charity hospitals are organized to use their doctors' time and knowledge with an absolutely exemplary esprit de corps and effectiveness, then these hospitals will have scant funds and no arguments to keep them out of reorganization at the hands of the city or county.

And if, as in England at present, the bulk of physicians' time is spent in caring for their fellow men in hospitals and on salaries provided by the government, the problem will pose itself for us too - what is the best basis for doctors to work together upon? Seniority, political preferment, military rank, income from private practice, or character and competence as revealed by teaching and research?

You will note I have constantly referred to residencies along with internships. One word of comment: the sharpest criticism I can level at the way medical education serves society concerns the extraordinary waste ~~which~~ ~~exists to the extent of the strength, interest and education~~ of the first five to ten years of professional life - when a man at the top of his strength, interest and education must do nothing - waiting to use all he has. It is stupid for such excellent doctors not to be working at their best as residents in hospitals. Experience has taught me that in that group one can find most of the better determination, the restless resentment, the merciless narrowness that keep us all from seeing the best thing to do. And I can't blame a group so stupidly victimized.

I have spoken to you about the educational work which a hospital can learn to do because that is almost the only course which will preserve any independence and leadership for hospitals and because I do not believe that just a record of caring for the sick is enough to save the charity hospital in the emergencies ahead of us.

From such remarks you will correctly conclude that I think the present is more decisive, and the approaching changes more extensive than most people seem ready to admit. You will note that I emphasize change, not disaster; the corollary is that I would advocate adaptability with which to meet those changes, rather than resignation or pessimism. Change spells disaster only to men too old, too tired, or too obstinate to adapt.

Changes call for elasticity of mind but quite as much for a surefooted knowledge of what is what. Surely it is sensible to reexamine our baggage if we may have to go far and travel light. A valuable part of the intellectual baggage of a hospital trustee is his idea of what a hospital can do, what are its natural strengths, its peculiar capacities.

Amid the changes that will be proposed for his hospital a trustee can bring to all decisions a knowledge that his hospital not only cares for the patients of today but through training and teaching physicians cares for the patients of the next two or three decades, and determines the quality as well as the quantity of professional services given the people. He can realize how timid and lacklustre is the institution which exists merely for successful doctors to perform in worshipful solitude or thankful isolation the procedures learned years ago. Never forget Lord Acton's observation "Power corrupts - and absolute power corrupts absolutely".

Precisely because the whole system of interns and residents is now in a confusion that will probably be worse before it is better, I would suggest that you begin to think and plan for the organization of teaching in your hospital after the war. It may be that your medical and surgical staff even in war time can be encouraged in the direction of organized teaching. Through early planning your institution can be ready to receive incorporate and train some of the large numbers of demobilized doctors who will need and want specialized training - and hospital appointments - at the end of the war.

Do you know the difference between strategy and tactics? Trustees at their best always recall these definitions to me. Strategy is defined as the art of deciding when and on what you will engage your strength: tactics is the skill, economy and adroitness with which you apply your forces to any problem. Selecting a theme involves strategy, dealing with it is a tactical performance. Hospital policy is a matter of strategy: hospital management is tactical. As trustees you decide

the strategy of hospital work. The tactics are usually for the administrator to choose. On what will you engage the hospital's strength, its efforts - and when? In stable routine years most trustees try to use new methods to reach old objectives. Thus they tend to become consultants on tactics - which to reach old objectives is natural enough in peace times. But in times of rapid change such as the present it is wise for trustees to reexamine their strategy - when and on what will they engage the hospital's strength. I urge you to do this and to keep uppermost in your minds that a hospital teaches as well as cures, and that the medical profession can be helped to do its best when organized around teaching in hospitals.

I have given you no clearly defined or elaborately detailed method of procedure today. Methods and plans of that sort belong to tactics and to your executive machinery. If, as trustees, you know what you think and can express it, then the path is relatively easy for your executives.

You have the positive rôle of strategists and a negative rôle you almost never think of. Trustees are in some senses the conscience of an institution: when the hospital executive says to himself, "I just wouldn't feel comfortable recommending that proposition to my Board" the trustees are acting as his conscience, they are in action without being called upon. They are of use without knowing it. That is why many Trustees say they cannot see what good they do.

But let me assure you, gentlemen, that if you have arrived at the wisest strategy for your hospital and have expressed yourself clearly upon it, you have discharged a large, perhaps the largest share of your duty and you have done a very great service to your day and generation.